

RECEIVED  
CENTRAL FAX CENTER

SEP 27 2004

Johannes Schneeberger  
United States Patent Agent  
Reg. No.: 48,910  
384 Panoramic Hwy.  
Mill Valley, CA 94941  
USA  
Tel.: +1 415 389 8766  
Fax: +1 415 389 1304

---

**FAX COVER SHEET****Total Pages including this: 3**

**Date:** 09/27/2004  
**To:** Commissioner for Patents  
**Your Fax:** 703 872 9306  
**Re:** 10/788,669, Previous Atty Docket No.: MMC-102/US

---

**Memo:**

Enclosed is copy of Revocation & Power of Attorney with Address change

---

**Certificate of Transmission under 37 CFR 1.8**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office

**On Date:**

09/27/2004

**Signature:****Name of signing Person:** Johannes Schneeberger

BEST AVAILABLE COPY

09/27/2004 15:04

4153891304

JOH SCHNEEBERGER

SEP 27 2004

PAGE 02

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. CMB 0661-0031  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10788,000	
	Filing Date	02/27/2004	
	First Named Inventor	John D. Davis	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	3	Attorney Docket Number	MMC1021 (new)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Johannes P. Schneeberger	
Signature		
Printed name	Johannes Schneeberger	
Date	09/27/2004	Reg. No. 48,910

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Johannes Schneeberger
Date	09/27/2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Sep 22 04 09:07a

John Davis

702-320-5341

p.2

**IN THE  
UNITED STATES PATENT AND TRADEMARK OFFICE**

RECEIVED  
CENTRAL FAX CENTER

SEP 27 2004

INVENTOR: John D. Davis  
APPLICATION NO.: 10/788,669  
FILING DATE: 2/27/2004  
TITLE: I-Joist Hole Cutting Apparatus  
NEW ATTY.DKT.NO.: MMC1021

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313-1450

**REVOCATION AND POWER OF ATTORNEY**

I, John D. Davis, the sole inventor for the above identified patent application, hereby revoke all prior powers of attorney previously submitted in the above identified U.S. patent application and hereby appoint the agent Johannes P. Schneeberger Reg. No. 48,910 to prosecute this patent application and to transact all business in the U.S. Patent and Trademark Office connected therewith.

Please direct all communication relative to this patent to the following correspondence address:

Johannes Schneeberger  
384 Panoramic Hwy.  
Mill Valley, CA. 94941  
Tel.: 415 389 8766  
Fax: 415 389 1304

Respectfully submitted

Date: 9/22/04By:   
John D. Davis  
7633 Raven Hills Drive  
Las Vegas, NV 89149

**This Page is Inserted by IFW Indexing and Scanning  
Operations and is not part of the Official Record**

## **BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☐ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** \_\_\_\_\_

**IMAGES ARE BEST AVAILABLE COPY.**

**As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.**